

Missouri State Highway Patrol

Agency:



Missouri Department of Health and Senior Services Breath Alcohol Program

SIMULATOR CALIBRATION REPORT

This is to certify that the simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance to the standards set by the Rules of Missouri Department of Health and Senior Services, 19 CSR 25-30.

SIMULATOR INFORMATION

Serial Number:	MP2123					
Manufacturer:	Guth					
Model Number:	12V500					
	CALIBRATION RESULTS					
		eference nperature 34.00	Simulator <u>Temperature</u> 34.00			
This calibration was performed with NIST-Traceable Thermometer SN: 307715						
This simulator was tested by:		JLC				
This testing was performed:		06/02/2015				
Signature of certifying DHSS Scientist:						
Name of certifying DHSS Scientist:		Brian M.	Lutmer			



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6000 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2968 VOICE 1-800-735-2468



Jeremiah W. (Jay) Nixon Governor

Gail Vasterling Olrector

Missouri Department of Health and Senior Services Breath Alcohol Program

BREATH ALCOHOL SIMULATOR TEST WORKSHEET

Test Simulator Inform	<u>nation</u>						
Agency	MSHP						
Email for COC	jimmy.cleveland@mshp.dps.mo.gov						
Serial Number:	MP2123						
Tracking Number:							
Manufacturer:	GUTH						
Model Number:	12V5ØØ						
BAP NIST-Traceable	Reference The	rmometer Inform	ation				
Serial Number:	3\(\pi\)7715						
Date of Certification:	n: <u>8/19/14</u>						
Date of Expiration:	8/19/15						
Test Simulator Measurements							
	Readings	Reference Thermometer	Test Simulator]			
	(1	34.00	34.00				
	2	34.00	34.00	,			
	3	34.80	34 818	1			
· ·	4	34,01	34,00	4			
	5	34,01	34,00				
Bias (δ_{Υ}) :		004					
Technician performing testing: Jimmy L. Clevelan							
I hereby certify that all data so of Breath Alcohor Simulator	ubmitted within the	is form was colle ed in 0.051, Breath Analyzer	accordance with the DHS	S Procedure for the Testing			
Signature: Date: 6/2/15_							
Submit completed forms for simulator certification to DHSS Breath Alcohol Program by fax at (573) 840-9139 or by email at brian tutmer@health.mo.gov or breathalcohol@health.mo.gov.							

www.health.mo.gov